

## Avenue Road Partnership

# Avenue Road Partnership

## Inspection Report

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### Overall summary

We carried out this announced inspection on 28 January 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

##### **Background**

Avenue Road Partnership Dental Practice is in Newport, Shropshire and provides NHS treatment to adults and children.

There is ramped access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes three dentists, two dental hygienists, three dental nurses (including two trainee

# Summary of findings

dental nurses), a practice manager and two receptionists. There are also two locum dentists who work at the practice on a regular basis. The practice has four treatment rooms.

The practice is owned by a Partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Avenue Road dental practice is the practice manager.

On the day of inspection, we received feedback from six patients.

During the inspection we spoke with one dentist, two dental nurses, one receptionist and the practice manager. A clinical support lead was also present to provide support during this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 8am to 5pm, Tuesday 9am to 7pm, Wednesday 9am to 6pm, Thursday 8am to 5pm and Friday 9am to 5pm.

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

There were areas where the provider could make improvements. They should:

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They had systems in place to learn from incidents and complaints to help them improve.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. One patient described the treatment they received as a positive experience. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The staff were involved in quality improvement initiatives such as peer review with other BUPA practices in the area as part of its approach in providing high quality care.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from six people. Patients were positive about all aspects of the service the practice provided. They told us staff were thoughtful, kind and helpful.

They said that they were given detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Flow charts for mandatory reporting duties regarding safeguarding and female genital mutilation were on display in the staff room. We were told that they were also available in each treatment room and in the reception area. The practice manager checked the contact details for external bodies responsible for investigation of safeguarding concerns monthly to ensure they were correct. The practice website recorded a statement setting out the steps taken by Bupa to prevent modern day slavery and human trafficking in its business and supply chain. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. A table detailing information that should be notified to CQC was on display in the staff room.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a “speak up” (whistleblowing policy). Staff could report concerns to an external organisation if they did not wish to speak to someone connected with the practice. Contact details for this organisation were detailed in the speak up policy. Speak up officers were also employed to discuss any employee concerns. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not

used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. All support staff at the practice received a copy of this document via email. A copy was held at BUPA head office who would make all necessary telephone calls and arrangements in case of business interruption.

The practice had a recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. A recruitment process flow chart provided guidance regarding recruitment processes. Human resources staff at head office filtered applications received; undertook a telephone interview and forwarded the details of potential candidates to the practice manager who would conduct interviews at the practice. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure. Disclosure and barring checks were available for all staff and other information in line with Schedule three of the Health and Social Care Act was obtained prior to employment. Staff completed health declarations and had a meeting with staff from the company’s occupational health department.

Bank staff employed by BUPA were mainly used to cover staff vacancies. Relevant pre-employment checks were completed for these staff in line with BUPA recruitment policies. The practice occasionally used the services of locum dental nurses through an agency. The practice had written assurance that appropriate pre-employment checks would be undertaken by the agency for these staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers’ instructions, including electrical and gas appliances.

A fire risk assessment was completed on 22 November 2018. One issue for action was identified which had a date for completion as March 2019. The practice manager was in the process of addressing this issue. Staff were aware of fire

# Are services safe?

procedures and muster points. Records showed that smoke detectors and emergency lighting and firefighting equipment, such as fire extinguishers were regularly tested and serviced. Staff also completed regular fire safety checks; for example, to ensure fire exits were clear and smoke detectors and emergency lighting were in good working order.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Critical examination and the servicing of X-ray equipment was completed in January 2019 by an external professional.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The last audit was completed in October 2018, this was reported on and no issues for action were identified.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. We saw evidence demonstrating that training had recently been completed for each dentist.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. Posters regarding the action to take in case of a sharps injury were on display, these recorded contact details for occupational health and accident and emergency departments.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. We saw evidence that staff had completed BLS training during 2018. Staff also completed medical emergency scenario training on a six-monthly basis. Staff had recently requested an update regarding this which was completed in January 2019.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Agency nurses or bank staff would cover shifts as required.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Product safety data sheets were available. A member of staff was responsible for ensuring all information was up to date and information obtained regarding any new products in use.

Bank staff employed by BUPA were mainly used at the practice to cover shifts. The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. The infection control policy was reviewed in December 2018. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

# Are services safe?

systems, in line with a risk assessment which was conducted in October 2018. Records of water testing and dental unit water line management were in place. Staff had completed legionella training.

Staff from an external cleaning company were employed to clean the practice. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in August 2018 showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice securely stored NHS prescriptions as described in current guidance. We noted that a log was not maintained of individual prescription numbers held; this presented a risk regarding the ability to identify if an individual script was taken.

The dentists were aware of current guidance with regards to prescribing medicines.

The practice was not completing a prescription audit.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. For example, we were shown risk assessments regarding slips, trips and falls, health and safety, lone working and electrical risk.

The practice had systems in place to monitor and review incidents.

In the previous 12 months there had been no safety incidents. Significant events forms were available but we were told that there had not been any within the previous 12 months. We were told that support was available if required from staff at head office. There was scope to include a wider range of incidents and complaints as significant events to ensure any training needs were identified and to prevent such occurrences happening again in the future.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. Four accidents had been reported within the last 12 months, we looked at three of these accident reports.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed detailed patients' assessments and treatments. They were audited regularly to check that the necessary information was recorded.

The staff were involved in quality improvement initiatives including peer review with other local BUPA practices as part of their approach in providing high quality care.

### Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and free samples of toothpaste were available to patients at the reception desk and waiting area.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. NHS patients were given the option of seeing the dental hygienist on a private fee-paying basis.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Capacity assessment forms were available for dentists to use if they were unsure about a patient's capacity to consent. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles

Staff new to the practice had a period of induction based on a structured programme. Staff said that the induction process involved shadowing and having observations of their working practices, reading policies and procedures and completing BUPA mandatory on-line training within the first three months of employment. Staff new to the practice had a mentor to provide support during the induction process. Staff confirmed it was a very supportive



# Are services effective?

(for example, treatment is effective)

working environment. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals, mid-year reviews and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any NHS referral they had made.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion. Staff had completed training regarding equality, diversity and human rights. Reception staff had also completed training regarding handling conflicts and had completed scenario training to help improve their customer care skills.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were pleasant and helpful. We saw that staff treated patients in a caring, professional manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were thoughtful and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff put them at their ease and helped to reduce their anxiety about visiting the dentist.

A patient information folder was available in the first floor waiting room containing important information for patients to read. For example, information regarding complaints, translation services, code of practice, fire information, staff list and the policy regarding access to personal data was available. The patient noticeboard in the ground floor waiting room displayed patient survey results and other useful information. Magazines were available and radios were played in waiting rooms and treatment rooms to help provide a calming atmosphere.

Dentists made follow up courtesy calls to patients who had complex or lengthy treatments.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and ground floor waiting areas provided limited privacy when reception staff

were dealing with patients. However, a separate waiting area was also available on the first floor of the premises. If a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act:

- Interpretation services were available for patients who did not speak or understand English. A notice on the reception desk was available in various languages informing patients that translation services were available. Information regarding translation services was also available in the patient information folder.
- Staff communicated with patients in a way that they could understand, for example lip reading. Information could be made available in large print if needed. A selection of different strength of reading glasses were available as well as a magnifying glass to aid those with visual impairment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at this and other BUPA practices.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were told that there were some patients who were dental phobic or very anxious about visiting the dentist. These patients were given longer appointment times, this enabled the dentist to give detailed explanations and for the patient to have a break in their treatment if needed. Reception staff said that they would ask anxious patients to wait in the ground floor treatment room so that they could chat to them and try to relax them before they saw the dentist. Patients could bring a friend or relative with them to their appointment. Music was played in waiting areas and treatment rooms to help patients relax. Reception staff would message the dentist to inform them if a patient was anxious. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass, a selection of reading glasses and a ground floor accessible toilet.

A Disability Access audit had been completed in December 2018 and an action plan formulated in order to continually improve access for patients. Following this survey, the practice manager had approached their head office to provide equipment to assist patients with hearing impairments.

For those patients who had consented, a computer-generated text message reminder was sent five days prior to their appointment. Staff also gave reminder telephone calls to patients who had appointments of longer than 15 minutes.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and on their website. The practice offered extended hours appointments on a Tuesday until 7pm and a Wednesday until 6pm. The practice offered appointments from 8am on a Monday and Thursday morning. The opening hours recorded on the practice website differed from those given on the day of inspection.

The practice had an efficient appointment system to respond to patients' needs. Patients could book appointments on-line via the practice website.

Reception staff had a checklist of questions and were responsible for triaging to ensure patients who were in dental pain were offered appropriate appointments. We were told that discussions would always be held with the dentist if reception staff were unsure. Patients who requested an urgent appointment were seen within 24 hours of their phone call and usually on the same day. If no appointment slots were available patients would be offered a sit and wait appointment. Every effort was made to see these patients within one hour of their arrival at the practice.

Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. The practice's patient satisfaction survey asked patients if it was easy to get an appointment. Positive responses were recorded in those surveys seen.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service. The practices' website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. Information for patients on how to make a complaint was available in the patient information folder located in the first floor waiting room. Information was available about organisations patients

# Are services responsive to people's needs?

(for example, to feedback?)

could contact if not satisfied with the way the practice dealt with their concerns. For example, the Parliamentary and Health Service Ombudsman, General Dental Council and Care Quality Commission.

The practice manager was responsible for dealing with complaints. Reception staff said that they would record any verbal feedback and would act on this immediately if they could. Patients would also be asked to put their complaints in writing if applicable. We were told that complaint information was discussed during practice meetings. Staff would tell the practice manager about any formal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received within the past 12 months. These showed the practice responded to these concerns appropriately and discussed outcomes with staff to share learning and improve the service. However, we saw that the practice had not responded to positive or negative feedback reported on the NHS Choices website during 2017 and 2018.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The practice manager had overall responsibility for the management of the practice, support was provided by head office. For example, on the day of inspection a clinical support lead was in attendance. Clinical leadership was provided by a dentist at the practice. The practice manager said that head office had general oversight and provided help and support if required.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that the practice manager and dentists were approachable and helpful. Staff worked well as a team and enjoyed their jobs. Staff said that they worked hard, had a good relationship with patients and were proud to work at the practice. We found leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### Culture

The practice had a culture of high-quality sustainable care.

The practice focused on the needs of patients. Staff told us that the patient journey from entering to leaving the practice was handled well, patients' needs were always priority and there was a good continuity of care. Staff told us that they enjoyed working at the practice.

Staff were aware of the requirements of the Duty of Candour and systems were in place to ensure compliance with these requirements.

Staff were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff said that the practice manager had an open-door policy and was always asking them if everything was okay. Staff were not afraid to raise issues or concerns or ask questions and said that everyone was helpful and friendly.

### Governance and management

There were clear and effective processes for managing risks, issues and performance. Staff were knowledgeable about systems in place. The provider had a system of clinical governance which included policies, protocols and procedures that were accessible to all members of staff in paper format and on the practice's computer desk-tops. These were reviewed at least annually. Staff had signed to confirm that they had read and understood policy documents.

Communication across the practice was structured around regular meetings. Policies, risk assessments and other issues were discussed regularly with staff during practice meetings. The meetings often contained a training element to ensure all staff were up to date with the latest guidance and policies.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The staff team had completed information governance training in November 2018.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service. BUPA automatically sent out a satisfaction survey to new patients after they attend their first appointment at the practice. A satisfaction survey form was also available on the reception desk at the practice for patients to complete. We were told that when patients had completed any treatment or attended for a routine check-up they were also sent an email asking them about their experience at the dental practice. Any completed satisfaction surveys were sent to head office and the results correlated and forwarded to the practice.

# Are services well-led?

The results of the last satisfaction survey were on display on the noticeboard in the ground floor waiting room. These were also on the practice's website.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw the results for December 2018 and January 2019; positive comments were recorded.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff completed an anonymous survey every six months. We were told about the "stop, start, continue" forms which staff complete as part of the appraisal process. Staff were encouraged to report on issues or concerns, offer suggestions for improvements to the service, and reflect on what they thought was working well at the practice.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. We saw the audits of dental care records and radiographs for October 2018, infection prevention and control for April 2017, February 2018 and August 2018. They had clear records of the results of these audits and the resulting action plans and improvements.

Mystery shopper phone calls were made to the practice. Staff were not aware when these phone calls were going to be made. The practice received feedback and was marked according to responses to questions asked.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had appraisals and mid-year reviews. We saw evidence of completed appraisals in the staff folders. One to one meetings were also held with staff. A standardised template was available to record conversations held during one to one meetings.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We were told that staff training was monitored to ensure that all staff completed the training requirements of BUPA which included fire safety, sharps, legionella, safeguarding, health and safety and basic life support. Computerised systems identified training undertaken and required including dates for renewal.

The General Dental Council also requires clinical staff to complete continuing professional development. The practice provided support and encouragement for them to do so.